



**1 JULY 1999**

**PACIFIC AIR FORCES COMMAND  
Supplement 1**

**28 MAY 2003**

**Medical**

**CRITICAL INCIDENT STRESS MANAGEMENT**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

---

**NOTICE:** This publication is available digitally on the AFDPO WWW site at:  
<http://www.e-publishing.af.mil>.

---

OPR: AFMOA/SGOC (Lt Col George Nicolas)      Certified by: HQ USAF/AFMOA (Col D. Schall)  
Supersedes AFI 44-153, 1 July 1997      Pages: 29  
Distribution: F

---

This instruction implements AFD 44-1, *Medical Operations*. It establishes the requirement for critical incident stress teams (CIST) at all active duty Air Force installations, encouraging an integration of resources and efforts of the active and reserve components. Finally, it defines the composition and role of these teams in providing pre-exposure preparation training, defusings and critical incident stress debriefings (CISD). Send comments and suggested improvements on AF Form 847, Recommendations for Change of Publication, through channels to AFMOA/SGOC, 110 Luke Avenue, Room 405, Bolling AFB DC 20332-7050.

---

**(PACAF)** This publication applies to the Air National Guard and US Air Force units and members.

**AFI 44-153, 1 July 1999, is supplemented as follows:**

**SUMMARY OF REVISIONS**

This change requires CISTs to respond in 24 hours (paragraph [2.1.2.](#)); MAJCOM commanders now establish the CISTs (paragraph [2.1.3.](#)); following any mishap, any individual can request one-on-one care from the CIST (paragraph [2.1.6.3.](#)); opportunity for final stress defusing or CISDs should be given to safety investigation board members and support personnel prior to departing a convening site (paragraph [2.1.6.4.](#)); CISTs must now have an individual fulfilling the family support role (paragraph [2.2.](#)); allows just-in-time training Critical Incident Stress Management (CSIM) training by the CIST (paragraph [2.2.3.](#)); a local team chief can now provide training and eliminates the possibility of central funding for such training (paragraph [2.3.1.](#)); emphasizes that requests for CIST assistance come through the MAJCOM (paragraph [2.4.1.1.](#)); identifies Scott AFB and Wright-Patterson AFB as the installations that will provide CISM support in the event that it is unavailable or of insufficient quantity at other locations (paragraph [2.4.4.](#)); expanded the curriculum on CISM ([Attachment 5](#)); updated the sources for CIST training ([Attachment 4](#)). A bar (|) preceding a paragraph indicates changes from the previous edition.

**(PACAF)** Delete entire paragraph from previous PACAF supplement (2.1.1.) and replace with below. A bar (|) indicates new or revised material.

1.	General Information .....	3
2.	Organizational Responsibilities. ....	3
3.	Pre-Exposure Preparation (PEP) Training. ....	7
4.	Critical Incident Stress Debriefings, Defusings, Demobilizations .....	8
<b>Attachment 1— GLOSSARY OF REFERENCES, AND SUPPORTING INFORMATION</b>		<b>10</b>
<b>Attachment 2— DEPLOYABLE CISTS' REGIONS OF RESPONSIBILITY</b>		<b>12</b>
<b>Attachment 3— ASSIGNED SUPPORT CIST RESPONSIBILITIES FOR OCONUS EVENTS</b>		<b>13</b>
<b>Attachment 4— SOURCES FOR CIST TRAINING</b>		<b>14</b>
<b>Attachment 5— CURRICULUM ON CRITICAL INCIDENT STRESS MANAGEMENT (CISM)</b>		<b>15</b>
<b>Attachment 6— PRE-EXPOSURE PREPARATION (PEP) TRAINING</b>		<b>17</b>
<b>Attachment 7— COMMANDERS' AND SUPERVISORS' GUIDE TO PRE-EXPOSURE PREPARATION (PEP) TRAINING</b>		<b>21</b>
<b>Attachment 8— CRITICAL INCIDENT STRESS TEAM (CIST) GUIDE FOR CONDUCTING PRE-EXPOSURE PREPARATION (PEP) TRAINING</b>		<b>25</b>

**1. General Information .** Many types of events have the potential to produce individual and community traumatic stress. It is Air Force policy to provide CISM preventive services to unit and community members whenever possible before potentially traumatic events occurs. Similarly, CISM services will be provided after traumatic events to help those who have experienced the events. In each case, the goal is to assist those affected by traumatic events to cope with the normal stress reaction in an effective manner. These actions are intended to minimize the impact of exposure to these events and prevent or mitigate permanent disability if possible.

## **2. Organizational Responsibilities.**

### **2.1. Establishment and mobilization of CISTs.**

2.1.1. The senior wing commander or installation commander at each active duty Air Force installation with a medical treatment facility will ensure the establishment of at least one CIST to address local needs. At geographically separated units and bases without medical treatment facilities, the need to provide CISM services can be met by insuring that there is a CIST in the vicinity which can be relied upon to respond to CISM needs. CISTs will assist local individuals and units in preparing for and dealing with traumatic events. When forming these teams, commanders should consider CISM resources available through nearby active and/or reserve military installations. Installations with more than one resident wing are not required to have more than one CIST.

2.1.1. (PACAF) Additionally, PACAF senior wing or installation commanders will augment CISM teams with Military Equal Opportunity (MEO) personnel and Equal Employment Opportunity (EEO) Managers who have received CISM training provided by the local CISM team chief or by nationally recognized trainers approved by HQ USAF/SG (IAW para [2.3.1.](#)).

2.1.2. Wing commanders at Andrews, Travis, Scott, Keesler, Wright-Patterson, and Lackland (Wilford Hall Medical Center) Air Force Bases will establish at least one primary and one alternate deployable CIST. These teams will provide constant availability and assistance when the impact of a traumatic incident exceeds the capacity of locally available resources. These bases will be assigned regions for which they are responsible ([Attachment 2](#)). Procedures to request activation of these teams are contained in paragraph [2.4](#). Deployable teams will plan to provide an initial response within 24 hours of a request, if the situation warrants.

2.1.3. The deployable teams for PACAF and USAFE will be established by the MAJCOM/CC at the locations they deem appropriate. For events outside of CONUS requiring support in addition to the deployable teams within the region, specific CONUS bases with deployable teams are assigned specific regional support responsibilities ([Attachment 3](#)).

2.1.4. Other units, including AFRC and ANG, may establish deployable CISTs as directed by the installation commander. Establishment of the team should be coordinated with the MAJCOM (ANG/SG in the case of the Air National Guard and AFRC/SG in the case of Air Force Reserve) and HQ AFMOA/SGOC to assure awareness of the resource.

2.1.5. The local CIST will be mobilized in the event of a critical incident. When the local command post becomes aware of a potentially traumatic event, it will notify the CIST team chief as part of required notification protocol. The wing commander is responsible for ensuring an effective notification and activation process. When no local team is available, the local command post will coordinate with its MAJCOM/SG for mobilization of one of the regional or overseas deploy-

able teams. The local command post will also notify the command post at its regional support base ([Attachment 2](#) and [Attachment 3](#)).

2.1.6. CISM services must be provided in response to all Class A aircraft mishaps. The specific services provided will vary depending on the specifics of the mishap and the needs of the squadrons involved in the mishap. A non-fatal mishap may require few services in a cohesive squadron with a good safety record. The same non-fatal mishap may require substantially more CISM services in a squadron that has experienced several recent mishaps or is faced with other problems. In general, aircrew and other squadron members as well as maintenance personnel who incur a loss of aircraft, loss of personnel or significant injury to personnel as a result of an aircraft mishap, regardless of the assessed cost of the mishap, should have the opportunity to receive stress defusings and CISDs from the CIST at their assigned base. The CIST team chief will consult with the wing commander and/or appropriate designees and recommend appropriate services based on the specific situation.

2.1.6.1. The CIST will be activated immediately through the command post of the base and provide support as requested. CIST team chief will be listed on the command post required notification list for an aircraft mishap. The command post at the base incurring the loss of aircraft or personnel will notify their local CIST team chief to activate support for local base personnel, regardless of the location of the mishap itself.

2.1.6.2. If the SIB will not be located at the home base for the aircraft involved in a mishap, the CIST at the SIB supporting base (i.e., the base nearest to the mishap site) is responsible for providing CISM support to mishap victims. In this case, the CIST supporting the SIB will coordinate regularly with the CIST at the home base for the mishap aircraft.

2.1.6.3. When CISDs are performed, the team leader will establish debriefing ground rules to include informing participants that a CIST is not a part of the safety investigation process. Following any mishap that requires CIST intervention, individuals may request and be provided up to four one-on-one sessions with a member of the CIST team after the group CISDs have been completed. These are intended to provide for educational and prevention needs. It is for this reason that no mental health chart will be established nor notations made for CISM group or individual sessions. If the four one-on-one sessions require more than meeting education and prevention needs, then either mental health treatment or counseling by the chaplain may be initiated and CISDs will be discontinued.

2.1.6.4. All personnel trained as Air Force Safety Center (AFSC) Safety Investigation Board (SIB) representatives will receive CISM training to provide peer support assistance to staff members returning from major mishap investigations, to assist in identification of needs of other SIB members, and to make appropriate referrals and requests for consultation from the supporting base CIST. AFSC SIB representatives serve in an investigative role and will not be expected to respond with CISM support for individuals impacted by the mishap. A peer stress debriefer will be assigned to support the SIB at the supporting base. When a peer CIST member is not available, the CIST chief will assign appropriate support to the SIB. SIB members and supporting personnel should have the opportunity to receive a final stress defusing or CIST as a group prior to departing the convening site at the completion of the investigation. This defusing or CIST will be conducted by the supporting base CIST and be offered to all personnel who participate in the SIB process including transcriptionists who transcribe emotionally provocative materials. Consultants and other non-voting members who depart prior to

the completion of the investigation should have the opportunity to receive a defusing or CIST prior to their departure. The CIST team chief, in consultation with the AFSC SIB representative, will determine if a full CIST is appropriate depending on the nature of the mishap and the exposure to traumatizing events and materials.

2.1.7. All individuals participating in search and rescue activities should have the opportunity to receive appropriate CISM services. Professional personnel, such as, forensic pathologists, morticians, etc., should also have the opportunity to attend CISM sessions, but are not required to do so.

2.2. Team membership and formation. Critical incident stress teams will be composed of individuals fulfilling five roles:

Mental health--typically a psychiatrist, or psychologist, or social worker, or mental health nurse, or 7-level mental health technician;

Medical--a physician, or senior medical technician with trauma experience or intensive care experience, or nurse with trauma or intensive care experience (Note: The need for the physician or other medical personnel with trauma and intensive care experience is not for the purpose of rendering medical care);

Spiritual support--a chaplain and chaplain service support personnel;

Peer representative--an enlisted ombudsman; a non-caregiver advocate for involved individuals who will bring to the team expertise in military benefits, rights, military affairs, casualty affairs, and personnel issues;

Family support--typically a Family Support Center representative.

2.2.1. These multidisciplinary teams will include, as a minimum, individuals in each of the five roles noted. There is no restriction to limit each role to one individual. Training of multiple individuals to fulfill each role, including primary and alternate members for each role, is desirable to ensure continuous availability. The CIST team chief determines the composition of the team responding to an incident based on the size of the event and the requirement to mentor new CIST members. All team members must have CISM training (see paragraph 2.3.).

2.2.2. When forming teams on active duty installations, qualified air reserve component (ARC) personnel should be considered as candidates for membership when available. ARC members may not fill deployable positions on CISTs.

2.2.3. Based on local resources, missions, and needs, wing commanders should consider appointing additional members to the CIST as "peer debriefers." These could include personnel from disaster response agencies, such as, security police, firefighters, search and retrieval teams, casualty affairs, and mortuary affairs. Additionally, qualified ARC personnel should be identified to augment CISTs where possible. These individuals must have prior CISM training or, if training for these peer debriefers has not been possible, "just-in-time" CISM training can be provided by the CIST. Teams should also have members who are peers of those involved in the traumatic incident. For example, in response to a critical incident involving aircraft, a CISM-trained aviator or air crew member qualified in the involved weapon system (and a similarly qualified enlisted air crew member as appropriate to the weapon system) along with peer support members from the maintenance community should be available to augment the CIST.

2.2.4. All members of deployable CISTs must be worldwide qualified.

2.2.5. The team chief will be the most qualified individual. The wing commander will appoint the team chief to function as the team leader. Team chief assignment will be identified to the command post by the wing commander to ensure required notification in the event of a critical incident.

2.2.6. The CIST team chief will coordinate with the family support center and other agencies as appropriate to arrange CISM services to family and community members at a base experiencing or impacted by a critical incident. Off-base coordination will be done through the base crisis response team as directed by the wing commander.

2.2.7. All teams will establish standard operating procedures that will include, as a minimum, an assessment of local conditions and high-risk groups, survey of available locally trained resources, and a response plan addressing team activation by the CIST chief.

### 2.3. CIST Training Requirements.

2.3.1. CIST members must receive training on the topics listed in [Attachment 5](#). This includes specific and general skills, interventions with special populations, command-related topics, and communication issues. Initial training for team members may be provided by the local team chief using an Air Force developed training package, but training by a nationally recognized training body approved by the HQ USAF/SG ([Attachment 4](#)) is highly encouraged. Members who do not receive nationally recognized training could be excluded from joint service and mutual aid interventions. Whatever the source of training, the local team chief must ensure that it includes all of the training topics listed in [Attachment 5](#). Recurring training may be developed locally and should be reviewed by the MAJCOM/SG.

2.3.2. Volunteers needed to provide peer support CISM services will be elicited by squadron commanders and forwarded to the CIST team chief. The CIST team chief will be responsible for screening volunteers and arranging for their training to function in a peer support role. Training for peer support volunteers will include additional skill development in peer counseling techniques, limitations of the CISM process, responsibilities, and ethical considerations. The CIST team chief will maintain a roster of trained peer support CIST volunteers who can be selected to participate when needed.

2.3.3. When possible, it is preferable for teams to train, exercise, and deploy as a unit. Team chiefs will establish ongoing training and exercise requirements to assure the primary and backup team members maintain proficiency and can function effectively as a team.

2.3.4. At the discretion of the responsible commander and IAW AFI 10-802, *Military Support to Civil Authorities*, it is acceptable for the CIST or individual team members to assist in meeting local, regional, and national off-base needs as mission requirements permit. Humanitarian response can be used to fulfill a portion of ongoing training and exercise requirements.

2.3.5. Local funding will be used for training.

### 2.4. Deployment of a Regional CIST

2.4.1. In the event a CONUS wing commander determines he or she does not have the necessary local CISM resources to manage a potentially traumatic event, the commander will:

2.4.1.1. Request help through the MAJCOM from the base identified in [Attachment 2](#) or [Attachment 3](#) as being responsible for providing additional CISM capability (Note: This



responsibility is assigned based on geographic region rather than MAJCOM. AFRC unit commanders may request the AFRC Critical Incident team through the HQ AFRC command post in lieu of requesting regional CIST). The wing commander serving the geographic area of responsibility will put his or her CIST team chief in contact with the requesting MAJCOM and/or requesting wing commander as desired by the requesting MAJCOM. The requesting wing commander will, through consultation with the team chief determine the level and scope of support necessary. If it is determined the CIST is required, the requesting wing commander will provide the team chief with a fund site for travel of the team to include rental cars dedicated to CIST use if dedicated military vehicles are not available from base transportation resources;

2.4.1.2. The wing commander will establish a point of contact (POC) for the CIST chief to coordinate activities of the team. The POC will make necessary support base arrangements including billeting, travel and transportation, communications support (telephones, pagers, radios), and office space with computer and copier support available.

2.4.2. The team chief of the activated regional CIST will keep his or her own MTF commander, wing commander, and MAJCOM surgeon aware of progress with their response to CISM needs.

2.4.2.1. Ensure the wing commander and medical facility commander are aware of requests and possible requests for the activation of the CIST.

2.4.2.2. Ensure the MAJCOM surgeon to whom the team is assigned is provided details of actual and possible team employment.

2.4.3. MAJCOM/SG will:

2.4.3.1. Notify the respective MAJCOM/CC of the situation and the actions taken;

2.4.3.2. Notify HQ USAF/SG of the activation of their regional CIST along with all known information concerning the activation.

2.4.4. If the deployable team designated in [Attachment 2](#) or [Attachment 3](#) is not available or an additional team is needed, the deployable team at Scott AFB or Wright-Patterson AFB will be utilized to support CISM. Deployment procedures for alternate/additional deployable teams are as described in [2.4.1.1.](#) to [2.4.3.2.](#)

2.4.5. Host active duty installations will provide CISM support to collocated ARC units when requested. CISM support to non-collocated ARC units will be provided by the Air Force base with a deployable CIST located in the geographic region of the unit. When available, ARC units are encouraged to use their own resources. ARC units may also elect to contract for qualified helping personnel from DoD, other federal agencies, or the civilian community to meet their needs. This may also include partnering with the Army in the case of the Air National Guard. NOTE: NGB-HC organizes, trains, and equips ready CISTs made up of chaplains and chaplain service support personnel. NGB-HC CISTs will be trained in the Mitchell model of CISM, with certification on file at NGB-HCT. These NGB CISTs will provide requisite support, as required, to ANG units at the direction of NGB-CF and/or NGB-HC

### 3. Pre-Exposure Preparation (PEP) Training.

3.1. PEP training is a preventive approach to help individuals prepare for and cope with potentially traumatic events. It can be useful for everyone facing exposure to a potentially traumatic event and

promotes optimal performance. It is not just a program for people unable to handle difficult situations.

3.2. Pre-exposure preparation training emphasizes the normalcy of feeling stress in abnormal situations. Training focuses on practice of effective approaches to stress management and avoidance of ineffective approaches. The training, provided by the CIST, is conducted when exposure to potentially traumatic events is expected (e.g., body retrieval or deployment to a significant disaster with loss of life). Material for conducting pre-exposure preparation training is contained in “Pre-Exposure Preparation Training” brochure ([Attachment 6](#)), “Commanders’ and Supervisors’ Guide for Pre-Exposure Preparation Training” ([Attachment 7](#)) and “Critical Incident Stress Team (CIST) Guide For Conducting Pre-Exposure Preparation (PEP) Training” ([Attachment 8](#)).

3.3. PEP training can also be used to prepare an entire community when a potentially traumatic event, such as a mobilization deployment, can be predicted.

3.4. When pre-exposure preparation training is not possible and when a potentially traumatic event has occurred, individuals not directly involved in the event can be given general educational meetings alerting them of the normal reactions to trauma.

#### **4. Critical Incident Stress Debriefings, Defusings, Demobilizations .**

4.1. Critical incident stress debriefing (CISD) and defusings are intended to help prevent or mitigate long-term emotional problems after a traumatic event happens in the local area or during a deployment.

4.2. CISD is not therapy even though mental health and medical providers are part of the team. The goal is to encourage people to understand the normal physical, emotional, cognitive, and behavioral reactions to traumatic events and to promote effective coping with their exposure to the event.

4.3. Stress defusings are relatively brief processes and represent the first line of critical incident response. They are primarily educational in nature. Defusings will be provided in response to critical incidents and will be accomplished as soon as possible but within 8 to 12 hours of the incident for all individuals impacted by the traumatic event. Defusings may constitute an appropriate response for personnel indirectly impacted by an incident. CISDs may follow defusings for individuals directly impacted including those who have had the benefit of defusing sessions.

4.4. CISDs will be provided in response to any traumatizing event. CISDs are usually a group experience structured in phases to address cognitive, emotive, and physical responses from exposure to a potentially traumatic event. CISDs will not be initiated while the critical event remains in progress, but will normally occur within 24 to 72 hours following the end of responding to the event to maximize effectiveness. CISDs may be used as an interim measure while there is an ongoing need for disaster response.

4.5. To the extent possible with existing resources, all individuals directly involved with a traumatic event should be provided the opportunity to participate in a CISD also called a critical incident stress debriefing. The CIST team chief will arrange for the CIST to be debriefed at the end of their involvement in responding to a traumatic event.

4.6. Individuals not directly involved with the traumatic event, but experiencing effects from the event, will be provided CISD upon request of unit commanders or as an open offering by the CIST at the local base.



4.7. Individuals identified as having significant reactions to the traumatic event will be referred by the CIST for mainstream medical or mental health evaluation. All involuntary mental health evaluation referrals will be made in accordance with the requirements of AFI 44-109, *Mental Health and Military Law*.

CHARLES H. ROADMAN, II, Lt General, USAF, MC  
Surgeon General

**Attachment 1****GLOSSARY OF REFERENCES, AND SUPPORTING INFORMATION*****References***

AFI 10-802, *Military Support to Civil Authorities*

AFI 44-109, *Mental Health and Military Law*

AFI 90-701, *Assistance to Families of Persons Involved in Air Force Aviation Mishaps*

AFI 91-204, *Safety Investigations and Reports*

***Abbreviations and Acronyms***

**AFSC**—Air Force Safety Center

**AFRC**—Air Force Reserve Component

**ANG**—Air National Guard

**ARC**—Air Reserve Component

**CISD**—critical incident stress debriefing

**CISM**—critical incident stress management

**CIST**—critical incident stress team

**CONUS**—continental United States

**MAJCOM**—major command

**OCONUS**—outside continental United States

**PACAF**—Pacific Air Forces

**PTSD**—post-traumatic stress disorder

**SIB**—Safety Investigation Board

**SG**—Surgeon General

**USAFE**—United States Air Forces Europe

***Terms***

**Critical Incident**—An expression used to describe a potentially traumatic event.

**Debriefings**—Group experience structured in phases to address cognitive, emotional, behavioral, and physical responses from exposure to a potentially traumatic event. Should be accomplished within 24-72 hours following the event to maximize prevention effectiveness but not initiated while event remains in progress.

**Defusing**—Shortened version of critical incident stress debriefings, primarily educational in nature, provided in response to potentially traumatic events, accomplished as soon as possible but within 8 to 12 hours of exposure to event. Accomplished while repeated exposure to the event may continue. Constitutes an appropriate response for personnel indirectly impacted by the incident.

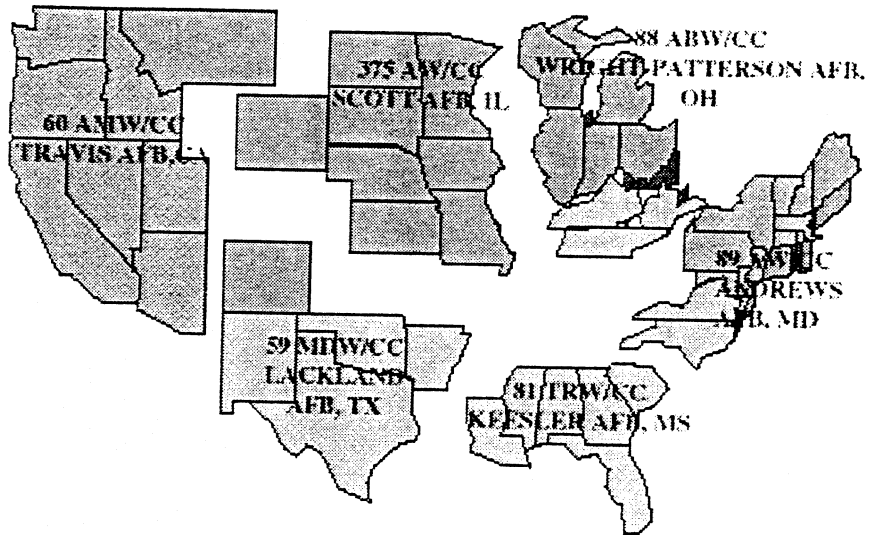
**Peer Stress Debriefing**—Individual trained in critical incident stress management and a member of the Critical Incident Stress Team due to his or her specific peer relationship to the affected group.

**Potentially Traumatic Events**—Fall into several categories, including deployments and operations other than war; natural disasters, such as earthquake, hurricane, tornado, fire, and flood; acts of terrorism; combat; acts of violence, which may or may not include deaths; multiple injury or fatality accidents; acts of abuse; homicide, or suicide; serious threat or injury to self, family member, friend, or coworker—either real or perceived; and observation of any of the individual or community traumatic events listed.

**Pre-Exposure Preparation Training**—Preventive approach prior to exposure to potentially traumatic event that uses an educational approach to emphasize the normalcy of stress response and basic techniques in stress management.

## Attachment 2

## DEPLOYABLE CISTS' REGIONS OF RESPONSIBILITY



375 AW/CC  
SCOTT AFB, IL

60 AMW/CC  
TRAVIS AFB, CA

59 MDW/CC  
LACKLAND AFB, TX

74 ABW/CC  
WRIGHT-PATTERSON AFB, OH

81 TRW/CC  
KEESLER AFB, MS

89 AW/CC  
ANDREWS AFB, MD

**Attachment 3**

**ASSIGNED SUPPORT CIST RESPONSIBILITIES FOR OCONUS EVENTS**

USAFE - 89th AW/CC, Andrews AFB, MD

PACAF - 60th AMW/CC, Travis AFB, CA

CENTCOM - 59th MDW/CC, Lackland AFB (WHMC), TX

SOUTHCOM - 81st TRW/CC, Keesler AFB, MS

Alternates if assigned support CIST cannot respond or an additional team is needed:

74th AW/CC, Wright-Patterson AFB, OH

375th AW/CC, Scott AFB, IL

**Attachment 4****SOURCES FOR CIST TRAINING****A4.1. Approved Sources.** Approved sources include:

A4.1.1. The National Organization for Victim Assistance. This organization provides training on a schedule for a variable fee. Contact Training Coordinator, National Organization for Victim Assistance. 1757 Park Road NW, Washington DC 20010. Phone: 202 232 6682. Telefax: 202 462 2255

A4.1.2. Critical Incident Stress Foundation. This private organization provides training for a fee. They can be contacted by phone at 410-730-4311.

A4.1.3. Other sources as approved by HQ USAF/SG mental health consultants.



## **Attachment 5**

### **CURRICULUM ON CRITICAL INCIDENT STRESS MANAGEMENT (CISM)**

#### **Background Information**

Types of disasters

Mental health problems related to disasters

Disaster team development

#### **Team Organization and Operation**

Team organization and training

Operations/Checklists

Measuring outcome

#### **Skills**

Prevention and pre-exposure training skills

Triage

Identification of medical complications and appropriate referral

Identification of high risk populations

Identification of medical patients at high risk for psychological sequelae

Mortuary-related issues (*e.g.*, death and dying); assisting Casualty Affairs Officers

Interventions with disaster workers exposed to death, dying and the grotesque

Debriefing/Defusing/Demobilization

Individual CISDs

Death notification support

#### **Interventions with Special Populations**

Children

Elderly

Disaster workers

Cultural and ethnic considerations

Diversity of military members (*e.g.*, active duty vs. guard and reserves; aviators, etc.)

Trauma overseas (coordination of multiple commands; communication with families)

Tragedies affecting an individual community (*e.g.*, large loss from one base or small town)

Trauma of affecting individual or small number of members (*e.g.*, death of a coworker, suicide in a unit)

Special issues concerning airplane accidents

Special issues concerning terrorism

**Command-Related Topics**

Command consultation

Grief leadership

Management of rest and respite

Facilitation and integration of replacement personnel

Entree to the affected community

Community outreach

**Communication Issues**

Risk communication

## Attachment 6

### PRE-EXPOSURE PREPARATION (PEP) TRAINING

**That upon which you are about to embark . . .** is going to be a challenge to your coping skills. Specific approaches effectively dealing with challenging experiences, referred to as critical incidents, have been developed. The approaches include pre-exposure preparation training, defusings within 8 to 12 hours after a critical incident and critical incident stress debriefings within 24 to 72 hours after a critical incident.

#### Why Pre-exposure preparation training?

Why so many efforts and new activities concerning dealing with stress? Aren't we in the Air Force already trained to function in stressful situations? Is it really necessary to make a fuss about pre-exposure preparation? The clear answer to the last question is: YES! This does not mean that we in the Air Force are weak and vulnerable. It means all of us can be challenged to the maximum of our coping skills by anticipated and unanticipated events.

#### REASONS FOR PRE-EXPOSURE PREPARATION TRAINING

Experiences from:

Wars

Civil disasters

Daily life events

Have led to extended understanding of:

Stress and stress reactions

Risk of long term after-effects (e.g., post traumatic stress disorders)

Principles and methods in coping with stress

**Experience from many wars** tells about the importance of paying attention to combat stress. The occurrence of combat stress casualties is a well-known phenomenon (with many labels throughout the years: shell shock, war neuroses, battle shock, and battle fatigue). In intensive combat situations, the level of combat stress casualties can equal the number of wounded in action casualties.

**Civilian experiences with disasters**, natural and manmade, have shown us that individuals directly and indirectly involved with an incident can experience significant disruption in their ability to maintain normal daily activities.

**Daily life events** such as violent crimes, sudden death of loved ones, serious illnesses, and fatal vehicle collisions among others have major effects in challenging individuals' skills to cope. From all of these sources of experience, our knowledge about stress, crisis reactions, and possible consequences has increased considerably. Substantial evidence has been collected about the long-term after effects - post traumatic stress disorder - not only in Vietnam era veterans, but also in conflicts before Vietnam and since Vietnam. Post traumatic stress disorder affects individuals experiencing distress and traumatic daily events as well as individuals experiencing combat. The subjects of stress and coping with stress are now incorporated in the training of many occupational groups including law enforcement personnel, fire fighters, emergency medical technicians and other healthcare professionals. Military organizations have acknowledged to a greater extent than previously the importance of stress factors for both military effec-

tiveness and the well-being of personnel. Many new initiatives in the military taken in the area of stress management are results of this development.

## **STRESS AND STRESS REACTIONS**

### **Definition of Stress**

Stress is the physical and psychological process within the individual that results from perceiving an event as a threat and perceiving limited choices in dealing with the threat.

### **Facts about Stress**

Stress is inherent to survival

Stress is necessary for human development and growth

Stress is initially positive in generating action, but too much is unhealthy

Stress can affect physical health

Stress is additive--a combination of stressful experiences can have as much effect as one very traumatic event

Stress is manageable

When we face a situation we perceive as a threat to our physical or emotional well being, we react to the threat. The reaction includes our mind and our body. It is important to understand that reacting is normal.

### **Keys to Remember in Dealing with Stress**

Everyone has stress reactions

Reactions are NORMAL reactions to abnormal situations

Reactions must be dealt with to avoid performance disruption and the development of physical and psychological illnesses

If you don't deal with stress, it will deal with you

In many cases, there are effective, simple means for dealing with stress

### **Aims of Stress Management**

To enhance performance in difficult circumstances

To avoid reduction of performance

To return from temporarily reduced performance

To prevent unnecessary (short and long-term) after-effects on performance

## **PRE-EXPOSURE PREPARATION (PEP) TRAINING**

For each of us, our primary preparation for any coping with the stress associated with any future event is our previous experience. Some will have previous experience from which to draw than others will. Some will have had experiences dealing with situations that others may not have ever even imagined. A goal of all training endeavors and exercises should be to build upon your experience base so that it can be harvested at necessary times and places. Due to our inability to anticipate every event that may occur and the

extent that even the most experienced person can experience something new, each of us will have times where our resources for coping with stress are challenged to their fullest. PEP training is associated with knowing what to do in these times to maximize potential performance, minimize performance reduction, restore from performance reductions, and prevent long-term performance reductions. What you have read so far about stress is a basic component for coping with challenges to your experience base for dealing with stress. What you have read so far should help you understand that stress is normal and that you are normal for experiencing stress. Understanding stress is normal and that you are normal for experiencing stress can be an initial step in dealing with stress. Denial of stress puts dealing with stress on hold, but denial does not put the build up of stress on hold. Instead, denial of stress leaves you more vulnerable for experiencing the physical and emotional consequences of stress. Trying to tough it out alone can set you up for either physical or emotional consequences interfering with your ability to perform.

### **PEP Step One:**

**Let yourself know you are feeling stress and let others know you are feeling stress.**

Talking about your feelings of stress can accomplish two things:

- 1) it helps you recognize that you are experiencing stress;
- 2) it gives others an opportunity to acknowledge their own feelings of stress.

Such communication can have the immediate effect of mutual feelings of support. Each can acknowledge the other's normalcy of feelings as you are dealing with the current abnormal situation. Too often, expressing difficulty with feelings gets confused with being weak. There is an old story from WW I that goes something like this: Two soldiers at the front are undergoing an extended period of shelling while hunkered down in a fox hole. One in tone of bravado attempting to express his courage says to the other, "Hey, I bet you're really scared." The other one says, "Yeah, I really am scared and if you were as scared as I am, you wouldn't still be here." So who is courageous? The one denying feelings of fear or the one who will acknowledge the feelings of fear, experience the discomfort associated with the feelings, but continue on to do his duty? You decide, but the point here is that stress acknowledged can be stress disarmed. **Stress repressed becomes stress expressed** -- but not the way you probably wanted it expressed -- but in a physical or emotional way that interferes with being able to perform.

### **PEP Step Two:**

**Know and practice positive stress behaviors**

Know and stay in touch with your purpose

Be a team player - think we instead of me

Develop a sense of confidence about your group's ability to accomplish your mission

Practice your spiritual beliefs and utilize them as source of support

Have a buddy

Accurately identify what you can and cannot control. Change, if necessary, the things you can change: what you think, do, and feel. Accept, not necessarily like, the things you cannot change: what other's think, do, and feel and anything that has already happened

### **PEP Step Three:**

**Avoid sources of ineffective coping**

Insufficient sleep

Insufficient nourishment

Insufficient fluid intake, alcohol, and other drug abuse

Breakdown of respect for those in the chain of command

Breakdown of respect for lawful orders and directives

Breakdown of communication within the chain of command

If at all possible, don't let yourself get too thirsty, tired, or hungry. A final thought about dealing with stress... You, alone, can do it; but you can't do it alone. It is ultimately your responsibility to deal with your feelings of stress by knowing and using the methods most effective for you, but your ability to effectively deal with stress will be greatly enhanced by letting others be a part of your efforts.



## Attachment 7

### COMMANDERS' AND SUPERVISORS' GUIDE TO PRE-EXPOSURE PREPARATION (PEP) TRAINING

**That upon which you are about to embark** is going to be a challenge to your coping skills. Specific approaches to enhance effectively dealing with challenging experiences, also referred to as critical incidents, have been developed. The approaches include pre-exposure preparation training, defusings within 8 to 12 hours after a critical incident and critical incident stress debriefings within 24 to 72 hours after a critical incident.

#### Why Pre-Exposure Preparation Training?

Why so many efforts and new activities concerning dealing with stress? Aren't we in the Air Force already trained to function in stressful situations? Is it really necessary to make a fuss about pre-exposure preparation? The clear answer to the last question is: YES! This does not mean that we in the Air Force are weak and vulnerable. It means all of us can be challenged to the maximum of our coping skills by anticipated and unanticipated events.

#### REASONS FOR PRE-EXPOSURE PREPARATION TRAINING

Experiences from:

Wars

Civil disasters

Daily life events have led to extended understanding of:

Stress and stress reactions

The risk of long term after effects (post traumatic stress disorders)

Principles and methods in coping with stress

**Experience from many wars** tells about the importance of paying attention to combat stress. The occurrence of combat stress casualties is a well-known phenomenon (with many labels throughout the years: shell shock, war neuroses, battle shock, and battle fatigue). In intensive combat situations, the level of combat stress casualties can equal the number of wounded in action casualties.

**Civilian experiences with disasters**, natural and manmade, have shown us that individuals directly and indirectly involved with an incident can experience significant disruption in their ability to maintain normal daily activities.

**Daily life events** such as violent crimes, sudden death of loved ones, serious illnesses, and fatal vehicle collisions among others have major effects in challenging individuals' skills to cope. From all of these sources of experience, our knowledge about stress, crisis reactions, and possible consequences has increased considerably. Substantial evidence has been collected about the long-term aftereffects-- post traumatic stress disorder - not only in Vietnam era veterans but also in conflicts before Vietnam and since Vietnam. Post traumatic stress disorder affects individuals experiencing distress and traumatic daily events as well as individuals experiencing combat. Knowledge has been gathered about ways to counteract the potential effects from traumatic events. Methods to deal with the stress resulting from events have been developed. Principles for managing and coping with stressful situations have been identified. Methods incorporating the gathered knowledge and the identified principles are now used by civilian organiza-

tions in planning and preparing for large scale events and daily life traumatic events. The subjects of stress and coping with stress are now incorporated in the training of many occupational groups including law enforcement personnel, fire fighters, emergency medical technicians and other health care professionals. Military organizations have acknowledged to a greater extent than previously the importance of stress factors for both military effectiveness and the well-being of personnel. Many new initiatives in the military taken in the area of stress management are results of this development.

## **STRESS AND STRESS REACTIONS**

### **Definition of Stress**

Stress is the physical and psychological process within the individual that results from perceiving an event as a threat and perceiving limited choices in dealing with the threat. When we face a situation we perceive as a threat to our physical or emotional well being, we react to the threat. The reaction includes our mind and our body. It is important to understand that reacting is normal.

### **Facts about Stress**

Stress is inherent to survival

Stress is necessary for human development and growth

Stress is initially positive in generating action, but too much is unhealthy

Stress can affect physical health

Stress is additive -- a combination of stressful experiences can have as much effect as one traumatic stressful event

Stress is manageable

### **Keys to Remember in Dealing with Stress**

Everyone has stress reactions

Reactions are NORMAL reactions to abnormal situations

Reactions must be dealt with to avoid disruption of the ability to perform and the development of physical and psychological illnesses

If you don't deal with stress, it will deal with you

In many cases, there are effective, simple means for dealing with stress

### **Aims of Stress Management**

To enhance performance in difficult circumstances

To avoid reduction of performance

To return from temporarily reduced performance

To prevent unnecessary (short and long-term )

After-effects on performance

## **COMMANDERS' AND SUPERVISORS' ROLES IN PROMOTING POSITIVE OUTCOMES FROM STRESS REACTIONS**

Commanders' and supervisors' roles in promoting positive outcomes during times in stress consistently come down to one primary factor -- LEADERSHIP.

### **Components of Leadership for Reducing Stress**

Be a leader in words and actions

Provide timely and accurate communication of information

Promote attention to taking care of basic needs

Make time for knowing those being led and those being led knowing you

The absence of these elements of leadership can often inhibit the effectiveness of all other stress management efforts.

### **Critical Contributions in Protecting Against Negative Outcomes from Stress Reactions**

High unit cohesion

Tough, realistic training

Trained unit leaders, medical personnel, and chaplains

Periodic respite from the "front"

Leaders demonstrate competence, courage, candor, and commitment

Leaders keep troops informed

Leaders support attendance at defusings, debriefings, and demobilizations

### **PEP TRAINING STEPS**

For each of us, our primary preparation for any coping with the stress associated with any future event is our previous experience. Some will have previous experience from which to draw than others will. Some will have had experiences dealing with situations that others may not have ever even imagined. A goal of all training endeavors and exercises should be to build upon your experience base so that it can be harvested at necessary times and places. Due to our inability to anticipate every event that may occur and the extent that even the most experienced person can experience something new, each of us will have times where our resources for coping with stress are challenged to their fullest extent. PEP Training is associated with knowing what to do in these times to maximize potential performance, minimize performance reduction, recover from performance reductions, and prevent long-term performance reductions. What you have read is stress is a basic component for coping with challenges to your experience base for dealing with stress. What you have read so far should help you understand that stress is normal and that you are normal for experiencing stress. Understanding stress is normal and that you are normal for experiencing stress can be an initial step in dealing with stress. Denial of stress puts dealing with stress on hold, but denial does not put the build up of stress on hold. Instead, denial of stress leaves you more vulnerable for experiencing the physical and emotional consequences of stress. Trying to tough it out alone can set you up for either physical or emotional consequences interfering with your ability to perform.

#### **PEP Step One:**

**Let yourself know you are feeling stress and let others know you are feeling stress.**

Talking about your feelings of stress can accomplish two things:

- 1) it helps you recognize that you are experiencing stress;
- 2) it gives others an opportunity to acknowledge their own feelings of stress.

Such communication can have the immediate effect of mutual feelings of support. Each can acknowledge the other's normalcy of feelings as you are dealing with the current abnormal situation. Too often, expressing difficulty with feelings gets confused with being weak. There is an old story from WW I that goes something like this: Two soldiers at the front are undergoing an extended period of shelling while hunkered down in a fox hole. One in tone of bravado attempting to express his courage says to the other, "Hey, I bet you're really scared." The other one says, "Yeah, I really am scared and if you were as scared as I am, you wouldn't still be here." So who is courageous? The one denying feelings of fear or the one who will acknowledge the feelings of fear, experience the discomfort associated with the feelings, but continue on to do his duty? You decide, but the point here is that stress acknowledged can be stress disarmed. Stress repressed becomes stress expressed -- but not the way you probably wanted it expressed -- but in a physical or emotional way that interferes with being able to perform.

### **PEP Step Two:**

#### **Know and practice positive stress behaviors**

Know and stay in touch with your purpose

Be a team player - think we instead of me

Develop a sense of confidence about your group's ability to accomplish your mission

Practice your spiritual beliefs and utilize them as a source of support

Have a buddy

Accurately identify what you can and cannot control. Change, if necessary, the things you can change: what you think, do, and feel. Accept, not necessarily like, the things you cannot change: what other's think, do, and feel and anything that has already happened

### **PEP Step Three: Avoid sources of ineffective coping**

Insufficient sleep

Insufficient nourishment

Insufficient fluid intake

Alcohol and other drug abuse

Breakdown of respect for those in the chain of command

Breakdown of respect for lawful orders and directives

Breakdown of communication within the chain of command

If at all possible, don't let yourself get too thirsty, tired, or hungry. A final thought about dealing with stress... You, alone, can do it; but you can't do it alone. It is ultimately your responsibility to deal with your feelings of stress by knowing and using the methods most effective for you, but your ability to effectively deal with stress will be greatly enhanced by letting others be a part of your efforts.

## **Attachment 8**

### **CRITICAL INCIDENT STRESS TEAM (CIST) GUIDE FOR CONDUCTING PRE-EXPOSURE PREPARATION (PEP) TRAINING**

Pre-Exposure Preparation (PEP) training functions serves as a primary preventive function of the CIST. Accomplishing PEP training can be a major challenge to the CIST. Like many other preventive efforts, the need for preventive intervention may not be perceived by those in a position to organize its accomplishment. In addition, those for whom the PEP is designed to assist may not perceive the potential value of the preventive intervention. Overcoming the hurdles associated with “why are we doing this” are primarily a function of presenting to commanders and supervisors an understanding that critical incident stress management (CISM) is a preventive service that includes comprehensive, multi-disciplinary, and preventive services. Education regarding the functions of the CIST should be accomplished on a regular basis through briefings and articles in base publications. Education regarding the functions of the CIST should not wait until a potentially traumatic incident is anticipated or has occurred. Pre-exposure training should be provided to all individuals for whom exposure to a potentially traumatic event is anticipated. It is critical for support of the training experience that commanders and supervisors attend the training. If there are other predeployment briefings being provided, the PEP training should be included as one of the briefings. If a formal briefing agenda for those who will be exposed to the potentially traumatic event has not been developed, the CIST liaison officer should take the initiative with the wing commander for the PEP training to be accomplished. The responsiveness of the wing commander will be a function of the level of familiarity with CISM that the CIST has assisted the wing commander in developing. PEP training is primarily accomplished through a combination of verbal briefings and providing reference material to each participant. All command and supervisory personnel should receive a copy of “Commanders’ and Supervisors’ Guide to Pre-Exposure Preparation Training.” All other personnel should be provided a copy of the “Pre-Exposure Preparation Training” brochure. The purpose of the verbal briefing is to emphasize the BASICS associated with understanding and effectively coping with stress.

#### **Awareness Goals from Conducting PEP Training**

1. Stress is a normal reaction to abnormal conditions.
2. We each from our past experiences have our own ways for dealing with stress but all are vulnerable for our coping skills being challenged to their fullest extent .
3. Ineffectively dealing with stress can affect current performance and cause long-term problems.
4. Knowing how to deal with stress can enhance current performance and minimize the potential for long-term problems.
5. Repressing and denying feelings, although temporarily effective, can negatively affect performance and are high-risk approaches for long-term problems.
6. Following the three steps of PEP training provides a means for enhancing current performance and minimizing long-term problems.
7. Following Step One by acknowledging to self AND to others feelings of stress provides the initial step for dealing with the stress and provides an immediate means for support and acceptance.
8. Following Step Two provides a means to minimize the development of stress.

9. Following Step Three provides a means for physical capacity and organizational structure to more effectively deal with presented stressful challenges.

PEP training is not designed to be a seminar on stress management. It is designed to provide basic information of a potentially preventive nature that can be easily grasped and applied by individuals who are facing a challenging situation. In this sense, it is a PEP talk, which provides guidance for maintaining the ability to accomplish the mission and minimizing potential long-term effects.

PEP is designed as a lead in to the processes of defusings and critical incident stress debriefings (CISDs), and demobilizations. Through PEP training, the “stage” will have been set for personnel to understand the central concept in defusings and CISDs of sharing personal experiences and feelings with others to enhance coping with stress. PEP training provides a focal point for communicating to personnel the value of participating in defusings and CISDs.

Commander and supervisor PEP training is not a separate training process from the PEP training provided to all personnel before exposure to a potentially traumatic event. Command and supervisory personnel should receive PEP training with the remaining personnel to avoid any appearance that only certain groups can have problems with stress.

Commanders and supervisors are provided the Commander’s and Supervisor’s Guide to Pre-Exposure Prevention Training. Encourage commanders and supervisors to refer to the “Components of Leadership for Reducing Stress” and the “Critical Contributions in Protecting Against Negative Outcomes From Stress Reactions” sections as additional guidance regarding roles they play as commanders and supervisors in personnel dealing with situations that challenge coping skills to the maximum.

### **Conducting Pre-Exposure Preparation (PEP) Briefings Getting Started**

Introduce who you are. Introduce other CIST members if present. Emphasize that Pre-Exposure Preparation is designed to enhance ability to perform the mission - enhancing “can do” through knowing “how to.” Be sensitive to how your briefing can be perceived negatively:

1. “You’re saying we can’t handle a tough situation”;
2. “You’re saying the situation is going to be a lot worse than we think it is going to be”;
3. “You’re saying I’m not prepared -- I’m not adequately trained”.

Recognize that any of these perceptions can lead to personnel choosing to either tune out the information or experience increased feelings of stress that interfere with being able to process the information. Recognize that depending on the personnel’s awareness of the potentially traumatic event associated with the pre-exposure preparation training, that each individual will be experiencing stress to some degree associated with his or her current thoughts and beliefs about what may happen and how he or she will deal with what happens. The PEP briefing requires the briefer to maintain a delicate balance between: 1) dealing with stress can be difficult (otherwise, why even do the briefings) and 2) you can do it (maintain organizational confidence and *esprit de corps*). Due to the nature of this delicate balance it is strongly recommended that CIST members practice doing PEP training briefings with one another. The listening CIST members should provide challenges to the briefer regarding the purpose and value PEP training. Conducting these practice briefings should enhance the ability of CIST members in being able to effectively maintain the delicate balance between “it can be tough” and “you can do it” while conducting the training. Emphasize the importance of PEP training by accenting that we have learned too much about the potentially long-term damaging effects of stress associated trauma not to provide preparation if there is an



opportunity for presenting the information. Use the Pre-Exposure Preparation Training brochure as a reference for communicating the basic concepts.

### **Using the “Pre-Exposure Preparation Training” Brochure**

Having distributed the Pre-Exposure Training brochure to participants, refer to it’s content as you conduct the training.

### **Reasons for Pre-Exposure Training**

#### **Points to emphasize:**

Discuss the three sources of experiences that have helped us learn the value of pre-exposure preparation training: wars, civil disasters, and daily life events.

Discuss our awareness that there can be short and LONG-TERM negative effects from experiencing events that challenge our coping skills to their maximum.

What we have learned from wars, civil disasters, and daily life events about the potential effects of trauma has led to training for dealing with stress being widely practiced.

PEP training may be new to the trainees, but it is not new in terms of what we have learned is important to do.

### **Definition of Stress**

#### **Points to emphasize:**

All of us don’t respond to all things the same way.

What we tell ourselves about what we are experiencing AND what we believe about our ability to deal with what we are experiencing are the factors defining our experienced level of stress.

### **Facts about Stress**

#### **Points to emphasize:**

The “Facts About Stress” list includes positive and negative functions of stress

### **Key to Remember in Dealing with Stress**

#### **Points to emphasize:**

The normalcy of experiencing stress

Experiencing stress is not an indicator of “strong vs. weak”

The risks associated with denial of feelings of stress

The potential for repressed feelings to be expressed in less desired physical, emotional, or behavioral ways

### **Aims of Stress Management List**

#### **Points to emphasize:**

Knowing how to deal with stress can:

(1) enhance the ability to perform;

(2) avoid reduction in performance;

- (3) restore from temporarily reduced performance;
- (4) prevent unnecessary short and long-term effects on performance.

The wide range of benefits directly associated with performance derived from stress management

### **Pre-Exposure Preparation Training**

#### **Points to emphasize:**

Frame PEP training as BUILDING ON individuals already present coping skills

PEP training is not “I cannot cope” to “I can cope” training

PEP training is “I can cope” to “I can cope better” training

Present the training in the context of “you are healthy and capable individuals and this training can help you with your efforts to stay that way”

PEP training is knowing what to do in those times when our coping skills are challenged to their maximum

#### **PEP Step One**

##### **Points to emphasize:**

In Step One’s simplicity -- simply saying aloud to self and others I’m feeling stressed -- there is the potential for positive effects on our own feelings and especially on our relationships with others

Practicing Step One opens a chance for a “me, too” or “you, too” response

Practicing Step One also opens the door to a “we can do” rather than “I have to do it” approach to accomplishing the mission

Ask for examples from attendees when in the past saying out loud to others how he or she was feeling had a major positive effect on being able to deal with the feeling and finding support and acceptance for the feeling. Be prepared to share a personal example to help attendees identify examples. The use of examples at this point in the training can be one of the most important elements for attendees to practice Step One in actual situations. Reference the “WW I” story to address old concepts of “courage under fire” and point out that while acknowledging the feeling, the scared individual made the choice to perform the mission. Emphasize that stressful feelings are not signs of weakness. Consider asking attendees who was courageous. Process responses in terms that both were courageous, but in different ways. Communicate the concept that feelings don’t define courage, actions will define courage.

#### **PEP Step Two**

##### **Points to emphasize:**

Briefly address each item on the list

Each of the items on the list when put into practice serves to minimize the stress we create for ourselves in situations that can be stressful

These approaches to stress don’t keep us from feeling stress; they serve to avoid increasing our stress level in potentially stressful situations

#### **PEP Step Three**

##### **Points to emphasize:**

Briefly address each on the list

Each of the items are associated with maintaining either sufficient physical or organizational well being in order to apply efforts in coping with stress

Absence of any of the items in Step Three can restrict effectiveness in coping with stress

### **Closing**

Use the “you, alone, can do it, but you can’t do it alone” phrase to once again express the Pre-Exposure Preparation - PEP - training component of you can do it - the ability to cope with stress is within you - but using your abilities is greatly enhanced by including others in your coping with stress.